

☒ ARREST ☐ SWORN COMPLAINT ☐ HOLD

☐ JUVENILE ☐ NOTICE TO APPEAR

OBTS NUMBER:		EIGHTH JUDICIAL CIRCUIT				AGENCY CASE REPORT NUMBER: 02-19-009805											
NAME OF SUBJECT (LAST, FIRST, MI): HOLLIE, BRANDI RAE						ALIAS / MAIDEN:											
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): [REDACTED]				CITY: GAINESVILLE		STATE: FL		ZIP CODE: 32605		TELEPHONE NUMBER: [REDACTED]							
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				TELEPHONE NUMBER:													
MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):				SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):													
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: F		DATE OF BIRTH: 11/24/1986		HEIGHT: 5'06		WEIGHT:		HAIR COLOR: BROWN		EYE COLOR: BROWN		COMPLEXION: FAIR		BUILD:	
DRIVERS LICENSE / STATE ID NUMBER: H400076869240				STATE OF DL / ID: FL		SOCIAL SECURITY NUMBER: [REDACTED]		PHOTO NUMBER:		PLACE OF BIRTH:		COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA					
SUBJECT'S OCCUPATION:				SPIN NUMBER:		AGENCY ORI NUMBER: 0010100		SO ID / AGENCY ID / NUMBER:		BOOKING NUMBER:							
LOCATION OF ARREST: 545 NW 8TH AVE				DATE OF ARREST: 06/18/2019		TIME OF ARREST (MILITARY): 16:59		DATE OF BOOKING:		TIME OF BOOKING (MILITARY):							
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): BROWN, WARREN						SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.): FL/DL											
#1 (NAME): HOLLIE, SAMUEL EARL				DATE OF BIRTH: 05/22/1990		RACE: B		SEX: M		COURT NUMBER:		<input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT <input type="checkbox"/> NTA		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE		JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
#2 (NAME):				DATE OF BIRTH:		RACE:		SEX:		COURT NUMBER:		<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT <input type="checkbox"/> NTA		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC CASE		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
JUVENILE: DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED		NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):										WORK TELEPHONE NUMBER:					
PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):				CITY:				STATE:		ZIP CODE:		HOME TELEPHONE NUMBER:					
#1 (NAME):				ADDRESS:								TELEPHONE NUMBER:					
#2 (NAME):				ADDRESS:								TELEPHONE NUMBER:					
OFFENSE DESCRIPTION: AGGRAVATED CHILD ABUSE PERSON COMMITTED AGG BATTERY ON CHILD						<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 827-03(2)(A)				VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:				DATE OF OFFENSE: 06/13/2019		TIME OF OFFENSE: 17:00		BAIL AMOUNT:				VICTIM'S TELEPHONE NUMBER: [REDACTED]					
VICTIM (NAME): [REDACTED]				ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]				CITY: GAINESVILLE		STATE: FL		ZIP CODE: 32605					
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VICTIM (NAME): [REDACTED]				ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]				CITY: GAINESVILLE		STATE: FL		ZIP CODE: 32605					
THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): [REDACTED]						CITY OF: GAINESVILLE		COUNTY OF: ALACHUA				STATE OF: FLORIDA					
The DEF and CO-DEF are married and live together in the same household. The DEF and CO-DEF are the adoptive parents of VIC1 and VIC2, and have been in the DEF and CO-DEF's custody in 2015. VIC1 is currently 8 years old and VIC2 is currently 10 years old.																	
On 06/14/2019 VIC1 and VIC2 were dropped off at their Uncle's residence by the DEF and CO-DEF prior to them going to work. While at the Uncle's residence, VIC1 and VIC2 ran away to a nearby apartment complex where they remained for several hours. A concerned citizen saw VIC1 and VIC2 and contacted law enforcement to investigate. Upon contact																	
<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:						DATE OF APPEARANCE:				TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> PM							
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.						DEFENDANT (SIGNATURE): BROWN, WARREN D.				DATE:							
SWORN TO AND SUBSCRIBED BEFORE ME THIS: _____ DAY OF _____ SIGNATURE: _____ TITLE: _____						I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NAME (PRINT): BROWN, WARREN D. SIGNATURE: _____ AGENCY: GAINESVILLE POLICE DEPARTMENT LEO ID NUMBER: 0857											

Form Date (Revised 1/00) COURT STATE ATTORNEY AGENCY DEFENDANT PAGE 2 OF 5

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EIGHTH JUDICIAL CIRCUIT

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0010100

AGENCY CASE REPORT NUMBER:

02-19-009805

DEF	NAME OF SUBJECT (LAST, FIRST, MI): HOLLIE, BRANDI RAE				ALIAS / MAIDEN:				
	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: F	DATE OF BIRTH: 11/24/1986	HEIGHT: 5'06	WEIGHT:	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:		
WITNESSES	#3 (NAME):		ADDRESS:				TELEPHONE NUMBER:		
	#4 (NAME):		ADDRESS:				TELEPHONE NUMBER:		
CHARGE	OFFENSE DESCRIPTION:				<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:	STATE:	ZIP CODE:	
CHARGE	OFFENSE DESCRIPTION:				<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:	STATE:	ZIP CODE:	

PROSECUTIVE SUMMARY CONTINUED

VIC1 (who appeared to be malnourished) advised that he was fed very few meals. When asked about his diet, VIC1 advised that he was given "bread and water". VIC1 would watch the DEF and CO-DEF eat dinner and would sometimes get scraps. VIC1 stated that he is sometimes forced to sleep in a closet as punishment. While in the closet, VIC1 would be locked in by DEF and CO-DEF by them placing a chair in front of the closet door.

VIC2 was interviewed second and stated the following: She ran away because she wanted to be free and she finally feels better. VIC2 stated that if the DEF or CO-DEF ever got mad, she would be forced to sleep inside of a small closet. VIC2 stated that VIC1 was placed in the closet more than her. When VIC2 was forced in the closet, it was so small that she would hit her head on the wall when she tried to fall asleep. VIC2 explained that they would be woken up the DEF or CO-DEF banging on the closet door with a baseball bat.

VIC2 would sometimes get hit with the bat by the DEF and CO-DEF. The DEF and CO-DEF would also beat her with a belt and/or switch to the point where she had scars on her legs. VIC2 advised that she is also punched and slapped in the face by the DEF and CO-DEF. VIC2 recalled one time being hit by the DEF which caused her to fall down and be "knocked out" which also made her throw up. VIC2 advised that the CO-DEF would punch VIC1 in the chest and sometimes VIC1 would be knocked out for long periods of time, only to be placed in a closet when he woke up. VIC2 stated that the closet was a "rest of the day" punishment.

VIC2 stated that the CO-DEF uses a taser to punish her. VIC2 stated that she gets burned

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	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: F	DATE OF BIRTH: 11/24/1986	HEIGHT: 5'06	WEIGHT:	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:	
W I T N E S S	#3 (NAME):		ADDRESS:			TELEPHONE NUMBER:		
	#4 (NAME):		ADDRESS:			TELEPHONE NUMBER:		
C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO
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C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO
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with a lighter and with matches. When asked if she was ever hungry, VIC2 advised that she was. VIC2 also described her diet as "bread and water" When asked if she ever asks for more food, VIC2 stated no, because she would get beat. VIC2 also observed VIC1 get water poured over his face while being strapped down with a jump rope or belt.

After being interviewed, VIC1 and VIC2 were each given a medical. The medical revealed severe scaring, bruising, and disfigurement to the body of VIC1. The medical revealed severe scaring, bruising to the body of VIC2 as well. Both VIC1 and VIC2's body were covered in distinct circular scars that were symmetric. When asked what these marks were from, they both advised that it was from the taser that the CO-DEF used on them.

During the medical, VIC1 was also observed to have severe scaring on his left and right buttocks. When asked how this occurred, VIC1 stated that it was from being beat with a switch until his "butt burst"

Medical records show that VIC1 and VIC2 have not been taken to a primary care physician for three years. They are home-schooled and as a result, isolated from others.

On 06/15/19, Post Miranda, the DEF and CO-DEF [REDACTED]

On 06/17/19 contact was made with the foster parents of VIC1 and VIC2. Their foster

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WITNESSES	#3 (NAME):		ADDRESS:				TELEPHONE NUMBER:				
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CHARGE	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	NUMBER:										

parent advised that VIC1 did not have any injury to his body while in her care, prior to adoption. Additionally, medical records from 2015 (prior to adoption) show that VIC1 and VIC2 were seen by medical professionals and found to have no bruising or injuries to their bodies.

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911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): [REDACTED]		CITY: GAINESVILLE		STATE: FL	ZIP CODE: 32605	TELEPHONE NUMBER: [REDACTED]		
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		TELEPHONE NUMBER:						
MAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):		SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):						
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: M	DATE OF BIRTH: 05/22/1990	HEIGHT: 5'07	WEIGHT:	HAIR COLOR: BALD	EYE COLOR: BROWN	COMPLEXION: DARK	BUILD:
DRIVERS LICENSE / STATE ID NUMBER: H400785901820		STATE OF DL / ID: FL	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:	COUNTRY OF CITIZENSHIP: UNITED STATES OF AMERICA		
SUBJECT'S OCCUPATION:		SPIN NUMBER:	AGENCY ORI NUMBER: 0010100	SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:			
LOCATION OF ARREST:		DATE OF ARREST: 06/18/2019	TIME OF ARREST (MILITARY): 19:14	DATE OF BOOKING:	TIME OF BOOKING (MILITARY):			
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.): BROWN, WARREN				SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.): FL/DL				
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PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):		CITY:		STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:		
#1 (NAME):		ADDRESS:				TELEPHONE NUMBER:		
#2 (NAME):		ADDRESS:				TELEPHONE NUMBER:		
OFFENSE DESCRIPTION: AGGRAVATED CHILD ABUSE PERSON COMMITTED AGG BATTERY ON CHILD		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 827-03(2)(A)		VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE: 06/13/2019		TIME OF OFFENSE: 17:00		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER: [REDACTED]
VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]		CITY: GAINESVILLE		STATE: FL	ZIP CODE: 32605	
OFFENSE DESCRIPTION: AGGRAVATED CHILD ABUSE PERSON COMMITTED AGG BATTERY ON CHILD		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: 827-03(2)(A)		VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]		CITY: GAINESVILLE		STATE: FL	ZIP CODE: 32605	
THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION): 4210 NW 32ND ST		CITY OF: GAINESVILLE		COUNTY OF: ALACHUA		STATE OF: FLORIDA		
<p>The DEF and CO-DEF are married and live together in the same household. The DEF and CO-DEF are the adoptive parents of VIC1 and VIC2, and have been in the DEF and CO-DEF's custody in 2015. VIC1 is currently 8 years old and VIC2 is currently 10 years old.</p> <p>On 06/14/2019 VIC1 and VIC2 were dropped off at their Uncle's residence by the DEF and CO-DEF prior to them going to work. While at the Uncle's residence, VIC1 and VIC2 ran away to a nearby apartment complex where they remained for several hours. A concerned citizen saw VIC1 and VIC2 and contacted law enforcement to investigate. Upon contact</p>								
<input type="checkbox"/> MANDATORY APPEARANCE IN COURT AT:		DATE OF APPEARANCE:		TIME OF APPEARANCE: <input type="checkbox"/> AM <input type="checkbox"/> PM				
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.				DEFENDANT (SIGNATURE):		DATE:		
SWORN TO AND SUBSCRIBED BEFORE ME THIS: ____ DAY OF _____ SIGNATURE: _____ TITLE: _____				I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NAME (PRINT): BROWN, WARREN D. SIGNATURE: _____ AGENCY: GAINESVILLE POLICE DEPARTMENT LEO ID NUMBER: 0857				

OBTS NUMBER:		SUPPLEMENT				SPN NUMBER:	
AGENCY ORI NUMBER: 0010100		EIGHTH JUDICIAL CIRCUIT				AGENCY CASE REPORT NUMBER: 02-19-009805	
DEF	NAME OF SUBJECT (LAST, FIRST, MI): HOLLIE, SAMUEL EARL II					ALIAS / MAIDEN:	
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: M	DATE OF BIRTH: 05/22/1990	HEIGHT: 5'07	WEIGHT:	JAIL NUMBER:
WITNESS	#3 (NAME):		ADDRESS:				TELEPHONE NUMBER:
	#4 (NAME):		ADDRESS:				TELEPHONE NUMBER:
CHARGE	OFFENSE DESCRIPTION: CHILD NEGLECT					<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
	COMPLETE STATUTE / ORDINANCE NUMBER: 827-03(2)(D)					VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE: 06/13/2019		TIME OF OFFENSE: 17:00		BAIL AMOUNT:
	VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]		CITY: GAINESVILLE		STATE: FL ZIP CODE: 32605
CHARGE	OFFENSE DESCRIPTION: CHILD NEGLECT					<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
	COMPLETE STATUTE / ORDINANCE NUMBER: 827-03(2)(D)					VICTIM NOTIFICATION: ARREST: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE: 06/13/2019		TIME OF OFFENSE: 17:00		BAIL AMOUNT:
	VICTIM (NAME): [REDACTED]		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): [REDACTED]		CITY: GAINESVILLE		STATE: FL ZIP CODE: 32605
CHARGE	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
	COMPLETE STATUTE / ORDINANCE NUMBER:					VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHARGE	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:		STATE: ZIP CODE:
CHARGE	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	
	COMPLETE STATUTE / ORDINANCE NUMBER:					VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHARGE	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:		STATE: ZIP CODE:
PROSECUTIVE SUMMARY - CONTINUED	<p>with VIC1 and VIC2, they both advised that they did not know where their parents were but they did not want to go home because they were abused.</p> <p>VIC1 and VIC2 were taken to the Child Advocacy Center / Child Protection Team where they were both interviewed by a child forensic interviewer. While interviewing VIC1 and VIC2, they stated the following:</p> <p>VIC1 advised that he lives with his adoptive parents (DEF and CO-DEF) and older sister (VIC2). VIC1 advised that the DEF and CO-DEF don't like him or VIC2. DEF and CO-DEF will beat him with a belt, "branches off trees", hit in the chest with closed fists, and sometimes he's even "drowned". When asked to explain drowning, VIC1 stated that the DEF would frequently place him in the tub, strap him down.</p> <p>VIC1 would be strapped down using jump ropes or belts so that he couldn't get away. The DEF would then place a rag over VIC1's face and using a clear gallon sized pitcher (that he got from the kitchen) pour water over VIC1's face. If VIC1 wasn't being "drowned", the DEF would punch him with a closed fist in his chest. VIC1 stated that he would frequently be out of breath and would be in pain when he took deep breaths. The last time that VIC1 remembered being punched was on 06/13/19.</p> <p>Another form of punishment reported by VIC1 was the DEF burning/shocking him with a device that VIC1 believed to be a taser. VIC1 advised that the DEF would use this "because he was tired of me being bad" VIC1 advised that he was hit with the taser for almost everything that he didn't do even if he just didn't hear the DEF or CO-DEF say something to him.</p>						

☒ ARREST ☐ SWORN COMPLAINT ☐ HOLD

☐ JUVENILE ☐ NOTICE TO APPEAR

SUPPLEMENT
EIGHTH JUDICIAL CIRCUIT

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0010100

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02-19-009805

D E F	NAME OF SUBJECT (LAST, FIRST, MI): HOLLIE, SAMUEL EARL II					ALIAS / MAIDEN:					
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: M	DATE OF BIRTH: 05/22/1990	HEIGHT: 5'07	WEIGHT:	JAIL NUMBER:	SO ID / AGENCY ID / NUMBER:			
W I T N E S S	#3 (NAME):		ADDRESS:				TELEPHONE NUMBER:				
	#4 (NAME):		ADDRESS:				TELEPHONE NUMBER:				
C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	<input type="checkbox"/> CAPIAS NUMBER:										
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:	
C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	<input type="checkbox"/> CAPIAS NUMBER:										
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:	
C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	<input type="checkbox"/> CAPIAS NUMBER:										
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:	
C H A R G E	OFFENSE DESCRIPTION:					<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION		DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:		
	<input type="checkbox"/> CAPIAS NUMBER:										
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:	

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VIC1 (who appeared to be malnourished) advised that he was fed very few meals. When asked about his diet, VIC1 advised that he was given "bread and water". VIC1 would watch the DEF and CO-DEF eat dinner and would sometimes get scraps. VIC1 stated that he is sometimes forced to sleep in a closet as punishment. While in the closet, VIC1 would be locked in by DEF and CO-DEF by them placing a chair in front of the closet door.

VIC2 was interviewed second and stated the following: She ran away because she wanted to be free and she finally feels better. VIC2 stated that if the DEF or CO-DEF ever got mad, she would be forced to sleep inside of a small closet. VIC2 stated that VIC1 was placed in the closet more than her. When VIC2 was forced in the closet, it was so small that she would hit her head on the wall when she tried to fall asleep. VIC2 explained that they would be woken up the DEF or CO-DEF banging on the closet door with a baseball bat.

VIC2 would sometimes get hit with the bat by the DEF and CO-DEF. The DEF and CO-DEF would also beat her with a belt and/or switch to the point where she had scars on her legs. VIC2 advised that she is also punched and slapped in the face by the DEF and CO-DEF. VIC2 recalled one time being hit by the CO-DEF which caused her to fall down and be "knocked out" which also made her throw up. VIC2 advised that the DEF would punch VIC1 in the chest and sometimes VIC1 would be knocked out for long periods of time, only to be placed in a closet when he woke up. VIC2 stated that the closet was a "rest of the day" punishment.

VIC2 stated that the DEF uses a taser to punish her. VIC2 stated that she gets burned

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C H A R G E	OFFENSE DESCRIPTION:				<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:	STATE:	ZIP CODE:	
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	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:	STATE:	ZIP CODE:	

with a lighter and with matches. When asked if she was ever hungry, VIC2 advised that she was. VIC2 also described her diet as "bread and water" When asked if she ever asks for more food, VIC2 stated no, because she would get beat. VIC2 also observed VIC1 get water poured over his face while being strapped down with a jump rope or belt.

After being interviewed, VIC1 and VIC2 were each given a medical. The medical revealed severe scaring, bruising, and disfigurement to the body of VIC1. The medical revealed severe scaring, bruising to the body of VIC2 as well. Both VIC1 and VIC2's body were covered in distinct circular scars that were symmetric. When asked what these marks were from, they both advised that it was from the taser that the DEF used on them.

During the medical, VIC1 was also observed to have severe scaring on his left and right buttocks. When asked how this occurred, VIC1 stated that it was from being beat with a switch until his "butt burst"

Medical records show that VIC1 and VIC2 have not been taken to a primary care physician for three years. They are home-schooled and as a result, isolated from others.

On 06/15/19, Post Miranda, the DEF and CO-DEF [REDACTED]

[REDACTED]

On 06/17/19 contact was made with the foster parents of VIC1 and VIC2. Their foster

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ALIAS / MAIDEN:

HOLLIE, SAMUEL EARL II

RACE:
☐ WHITE ☐ AMERICAN INDIAN
☒ BLACK ☐ ASIAN / ORIENTAL

SEX:

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DATE OF BIRTH:

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OFFENSE DESCRIPTION:

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☐ MISDEMEANOR
☐ TRAFFIC ☐ NTA

COMPLETE STATUTE / ORDINANCE NUMBER:

VICTIM NOTIFICATION:
ARREST: ☐ YES ☐ NO
RELEASE: ☐ YES ☐ NO

☐ WARRANT ☐ JUVENILE PU ORDER ☐ CIVIL ORDER ☐ CITATION
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NUMBER:

DATE OF OFFENSE:

TIME OF OFFENSE:

BAIL AMOUNT:

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CITY:

STATE:

ZIP CODE:

parent advised that VIC1 did not have any injury to his body while in her care, prior to adoption. Additionally, medical records from 2015 (prior to adoption) show that VIC1 and VIC2 were seen by medical professionals and found to have no bruising or injuries to their bodies.

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